HORTON
EDUCATION AND CARE

CQC Report
Victoria Avenue

Care Quality Commission

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Horton Establishments Ltd

Victoria Avenue

Inspection report

122 Victoria Avenue
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Victoria Avenue is registered with the Care Quality Commission (CQC) to provide care and accommodation for two people who have a learning disability. The service is located close to the city centre and has good access to all local amenities and facilities. The service also has good public transport links to the city centre.

This inspection took place on 31 March and 4 April 2016 and was unannounced. The service was last inspected in April 2014 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection, two people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been trained to recognise the signs of abuse and how to report any suspected abuse to the proper authorities. This training was updated on a regular basis. Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service.
People's medicines were handled safely by staff who had received training in this area. Information was available for staff which described how they should support people to be safe and not at risk of harm. Staff respected people's diversity and right to lead a lifestyle of their own choosing.

People were provided with a well-balanced nutritional diet which was of their choosing. People were supported by the staff to prepare their own food when appropriate, and to use local restaurants, cafes and bars for meals out. They were also supported by staff to socialise with their friends and families.
Staff had received training in how meet the needs of the people who used the service, which was updated regularly, and they had the opportunity to gain further qualifications. People were protected by legislation and by staff who had received training in how to uphold people's human rights if they needed support with making informed decisions and choices. People were supported to access health care professionals when needed. They were also supported to attend hospital and dental appointments.

People were cared for by staff who understood their needs and were kind and caring. Staff respected people's right to privacy and upheld their dignity. People or their representatives were involved with the formulation of care plans and regular reviews were held. Staff supported people to be as independent as possible and to experience different things to expand their knowledge and lives.

Staff supported people to lead a full and active lifestyle. They used local amenities and facilities which included sports centres, educational facilities, shops, bars and restaurants. Detailed information was available for staff which described the person and their preferences for care.
The registered provider had a complaints procedure in place which people could access. Others were also

encouraged to raise concerns, complaints and to make suggestions. All complaints and concerns were investigated to the complainants' satisfaction.

The registered manager had a range of audits and checks in place which ensured people lived in well-run, safe and well-led service. People's views were actively sought. The registered manager held meetings with people's relatives and other stakeholders to gain their views about how the service was run. The registered manager also held meetings with the staff so they could contribute to the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the people who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

People's medicines were handled, stored and administered safely by staff who had received training.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected people who needed support with making decisions.

People were provided with a wholesome and nutritional diet; staff monitored people's weight and dietary wellbeing.

Is the service caring?

Good

The service was caring.

People were cared for by staff who understood their needs.

People were involved with their plan of care and staff respected their dignity and privacy.

Staff maintained people's independence.

Is the service responsive?

Good

The service was responsive.

The care people received was person-centred and staff respected their wishes and choices.

People were provided with a range of activities and pursued individual hobbies and interests with the support of staff.

People who used the service and others could raise concerns and make complaints if they wished.

Is the service well-led?

Good

The service was well-led.

People who used the service could have a say about how it was run.

Other people who had an interest in the welfare of the people who used the service were consulted about their views as to how the service was run.

The registered manager undertook audits of the service to make sure people lived in a safe, well-run service.

Victoria Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 March and 4 April 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams, and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.
What about the PIR – we can say if we haven't yet asked them for it.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with five staff including the registered manager.

We looked at two care files which belonged to the people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with legislation and good practise.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits,

maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

We saw staff kept people safe and ensured they were not exposed to any situations which may have put themselves or others at risk. During our observation, we saw staff gently guiding people and supporting them when they became distressed or anxious. Staff accompanied people into the community and could describe to us what actions they would take if someone became distressed. Staff followed good practise guidelines when protecting people from harm and had received training in how to manage physical intervention safely. They told us this was very rarely used. One member of staff said, "We have received training in restraint and it was very good but as a company, we have a policy that it should be used as a very last resort."

All staff we spoke with were able to describe the registered provider's policy and procedure for the reporting of any abuse they may become aware of or witness. They told us they received training about what abuse is and how to recognise the signs of abuse, for example, unexplained bruising or a change in mood. They were aware they could approach other agencies to report abuse; this included the local authority and the Care Quality Commission (CQC). We looked at training records which confirmed staff had received training about how to safeguard adults from abuse and this was updated annually. There was a record of all safeguarding incidents and the outcome of any investigations. We spoke with the local authority safeguarding team; they told us they had no concerns about the service and there were no outstanding safeguarding investigations on-going at the time of the inspection.

People's care plans showed assessments had been completed for areas of daily living which may pose a risk to the person, for example, behaviours which put the person and others at risk and mobility needs. The assessments outlined what the risks were and how staff should support the person to minimise them. For example, redirect the person if they showed any sign they were feeling threatened or were not comfortable with the situation they found themselves in.

The registered provider had undertaken audits of the environment which identified areas for improvement and repair; they had also completed an environmental risk assessment and a fire risk assessment. This ensured people lived in a building which was safe and well-maintained. People's care plans contained information for the staff to use about how to safely evacuate them from the building in the event of any emergencies. This was personalised to the individual and took into account their mobility, level of understanding and level of need.

Staff understood their responsibilities to report any abuse they may witness and knew they would be protected by the registered provider's whistleblowing policy. They told us they found the registered manager approachable and felt they could go to them with any concerns and trusted them to undertake the appropriate investigation and keep people safe.

All accidents which occurred were recorded and action was taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager audited all the accidents and incidents which occurred at the service. This was to establish any trends or patterns or if

someone's needs were changing and they needed more support or a review of their care. They shared any findings with staff and these were discussed at staff meetings, during supervision or sooner if needed.

We looked at files of recently recruited staff and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and the potential employee had been checked with the Disclosure and Barring Service (DBS). This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults. The registered manager told us if any convictions showed up on the DBS check, they discussed this with the prospective employee prior to them starting employment and made a decision about their suitability to work with vulnerable adults. We saw all their decisions were recorded.

Staff were provided in enough numbers to meet people's needs. Rotas were in place and these showed how many staff should be supporting people. Appropriate staffing numbers were provided to ensure people were supported to lead fulfilling lives and had access to the community to undertake daily living tasks, for example, shopping and attending education centres. Staff told us they felt the staffing levels were adequate and they never felt rushed. We saw staff were relaxed when caring for people and they could call on each other for support if required.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered to people. We saw any unused or refused medicines were returned to the pharmacy. The supplying pharmacist undertook audits of the medicines system as did the registered manager.

Good

Is the service effective?

Our findings

We saw staff used techniques which they had learnt through training to support the people who used the service. We saw and heard staff asking people for their consent to care and treatment, staff gave people time to answer and used communication which was particular for that person. When we visited the service in the evening one of the people who used the service had gone to the local chip shop with the staff to get take away. Another person was having their favourite meal (chili con carne) which they had helped the staff to prepare.

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, which included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. Staff told us they could undertake specific training, for example, how to support people who displayed behaviours which challenged the service and autism.

Induction training was provided for all new staff; their competence was assessed and they were required to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent. A newly recruited member of staff told us they had found the induction training through. They said, "The induction was really good and we did it over a week. They made sure I had understood it all before I came here to work; it is still on-going and I get assessed regularly."

Staff told us they received supervision on a regular basis; they also received an annual appraisal. We saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work-related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

People's care plans had detailed instructions for staff to follow in how to best communicate with the person. This ranged from verbal communication to the use of non-verbal methods including sign language. Staff told us they had to be attuned to the subtleties of someone's non-verbal communication as this could indicate the person was not happy, in pain or uncomfortable. Non-verbal signs were also used to indicate when someone was distressed and becoming a risk to themselves and others. Staff told us, "You have to be really observant to see the subtle sign that someone's getting upset or they want to be on their own. We always respect their space but make sure we're not too far away just in case."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the people who used the service had a DoLS in place and this was monitored and reviewed regularly. This was specific for the person and detailed how staff should support them and keep them safe.

Care plans we looked at showed people were supported with the preparation of food as part of their overall care package; staff supported them to prepare food which was healthy and to their liking. This was to maintain their independence and to develop life skills. Risk assessments were in place for behaviours around food management and they detailed how staff were to support people to keep them safe. People were supported eat out and with friends and family.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. People's care plans had been amended following visits from their GPs and where their needs had changed following a hospital admission.

Good

Is the service caring?

Our findings

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission and if they were happy with what was happening. Staff described to us how they would maintain people's dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said and they would allow people time to answer. One member of staff said, "You can't rush people, it's their home and we are here to support them. It's up to them what they do."

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding. They spoke softly and calmly and gave the person time to respond. They used various ways of communication including verbal and non-verbal methods, for example, smiling and nodding to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff could describe to us the communication needs of the people who used the service and a detailed explanation of their method of communication was in each person's care plan.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people's preferences, likes and dislikes and their previous experiences. Staff we spoke with were able to describe people's needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

One of the people who used the service was supported by an advocate; they attended reviews and had an input into the person's wellbeing and care.

Staff understood they had to keep people's information locked away and not to divulge it to anyone who was not involved with their support. Staff told us they would not share information with anyone who was not authorised to view it. People's privacy, dignity and independence was promoted and protected. Staff knocked on people's doors and waited to be asked in. Staff spoke to people in a dignified manner and the interaction was non-patronising and adult. People's private space was respected and staff ensured doors were closed and permission was sought before support was provided.

People's care plans showed development and maintenance of independence was a large part of the support the person needed. It detailed how staff were to support the person to develop and maintain domestic skills like cooking and cleaning to supporting them with budgets and accessing the community to

attend college courses and work placements.

Good

Is the service responsive?

Our findings

Care plans we saw evidenced people's input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies; for example, an occupational therapist and clinical psychologist. Assessments had been undertaken which identified people's skills and strengths and how these should be encouraged and supported. They also identified which areas of their daily lives people needed more support with and how staff should provide this. For example, personal care and behaviours which challenged the service and others.

People's assessments had been updated on a regular basis and there was evidence of health care professional consultation where required. Staff understood people's needs and were responsive to subtle changes in their body language and actions which may show they were upset or found situations distressing.

People who used the service were supported to undertake activities of their own choosing and which expanded their life experiences. For example, some activities were undertaken in-house and included watching TV, listening to music and playing games, however, a lot of the activities people undertook were at other facilities. These other facilities included day centres, sports centres and other leisure and entertainment venues. Staff told us, "We need make sure people experience lots of different things so they can choose what they like to do and enjoy it." People were supported to eat out and use bars, restaurants and clubs for entertainment. Educational facilities were accessed to develop work skills and interests, for example gardening. All activities undertaken were recorded and evaluated and staff showed a good knowledge of what people liked to do. People were supported to go on holidays. During the inspection we saw people were supported to use local amenities and were supported by staff to access these.

Staff described to us how some people who, because of their needs, had a preference to be alone. They could tell us the signs which indicated when the person wanted to be alone. However, they also told us they would keep a close check on the person to ensure they were safe and not harming themselves. One member of staff said, "If [person's name] starts to [description of behaviours] we ask them if they want us to leave the room. We stand outside the door and keep a close check on them and after a while ask if we can come back in again."

The registered provider had a complaints procedure which people who used the service, or others who had an interest in their wellbeing, could access if they felt they needed to make a complaint. This was displayed around the service. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people's needs, for example, another language or pictorially. They told us they would read and explain the procedure to those people who had difficulty understanding it.

The procedure ensured any complaint was acknowledged and a letter was sent informing the complainant within what time scales they should expect a response. The registered manager told us they received very few official complaints but they saw all complaints as learning experience. Information was provided to the

complainant about who they could contact if they were not happy with the way the investigation had been carried out by the registered manager; this included the local authority and the Local Government Ombudsman.

Good

Is the service well-led?

Our findings

The registered manager told us they operated an open-door culture and encouraged the staff to approach them and discuss any issues or concerns, or just ask for advice. They said, "I really want and welcome the staff coming to me, I prefer that so I know what's going on." The registered manager was actively involved in the people's care and knew their needs and what support they needed. They had daily contact with the people who used the service and were involved in reviews and assessments. Staff we spoke with told us they found the registered manager approachable and could go to them for advice and guidance. They said, "I feel very well supported by the manager; they are brilliant", "I can go to [manager's name] if I need to; they are just at the end of a phone, even on a weekend" and "I've not long worked for the company but I think the manager is great; she is so open." They went on to say, "The manager supports us with people's care needs and leads by example."

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals. They met with the people who used the service and asked them what they thought of the service provided; people's relatives were also included in the meetings. We saw minutes were taken of these meetings to help inform people who could not attend. The registered manager also used pictorial surveys to gain the views of people who used the service. People were supported to complete these either by the staff or their relatives. The registered manager also used surveys to gain the views of relatives and health care professionals. The outcome of all of the surveys was analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

Regular staff meetings were held where the needs of the people who used the service were discussed and any on-going treatment or changes to working practises.

People who used the service were supported to access the local community which included shops, clubs, bars, sports centres and educational facilities. They were supported by the right amount of staff to keep them safe and strategies were in place for the staff to follow if the person's behaviours put themselves or others at risk of harm. Staff felt confident when taking people out into the community and they had a good back up and support system in place.

The registered provider's mission statement stated; 'Young people will be supported to manage their behaviours and develop their skills, knowledge and independence to enable them to live as full and rich a life as possible'. This was achieved by providing staff who were well-trained and understood the needs of the people who used the service. We saw people were encouraged to experience new things to expand their life experiences and to develop their skills.

There is currently a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirement placed on them through the registration criteria of the service and how this affected the care and support provided to the people who used the service.

The registered manager undertook audits to ensure the service was running smoothly and effectively. These included health and safety, staff training, medicines, people's health and welfare, and the environment. Time-limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.

All records were held securely and in line with data protection guidelines and good practise recommendations.